

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. I.

LOUISVILLE, MAY 13, 1876.

No. 20.

CHARLATANIŠM IN THE CAPITAL.

About one of the most impudent strikes which charlatantry has made is the attempt by certain parties to get a bill through Congress chartering a "National Surgical Institute" in the District of Columbia. The printed copy of the bill before us cites the names of the corporators, among whom are old offenders, the amount of capital, etc., and declares in the following clause the purposes of the said "institute:"

"That said corporation shall have power to establish in the District of Columbia an institute for the purposes of the treatment of all surgical cases, and for the manufacture and sale of surgical instruments and appliances for the treatment of injuries, diseases, and deformities; and also for the establishment in said district, when deemed advisable, of a school of surgery for teaching the science and practice of surgery in all its branches; and for the establishment in said district, when deemed advisable, of a charity hospital for the surgical treatment of diseases, injuries, and deformities."

We have scarcely an idea that Congress would do so silly a thing as to entertain such a proposal; nevertheless the affair has been deemed of sufficient importance to call forth a protest from the medical society of the District of Columbia. The protest covers the ground of objections so thoroughly that we can not do better than to present it entire.

"To the Honorable the Senate and House of Representatives of the United States in Congress assembled:

"The undersigned, the officers and a committee of the Medical Society of the District of Columbia, in pursuance of instructions of said society, respectfully protest against the passage of the bill entitled 'A Bill to Incorporate the National Surgical Institute of the District of Columbia,' for the following reasons, to wit:

"1. There are hospitals providing ample accommodations for the treatment of surgical diseases in successful operation in this district, in which all such diseases as are described in said bill are treated according to the most approved methods; and if the persons named in said bill are possessed of any special skill, unusual dexterity, or extraordinary proficiency in the art and science of surgery, no protection is needed from the National Government to insure their success when brought in open competition with others pursuing the same profession.

"2. If these gentlemen desire to practice their profession there is nothing to prevent their doing so in this or any other locality; but to establish a gigantic corporation of this description is simply using the Congress of the United States for an advertisement, and it would be a wrong upon the profession of medicine to confer special privileges upon any organization of men, or even by implication to acknowledge by an act of incorporation that any man or set of men can or should claim as a vested right any method of treatment or surgical appliance as his or their exclusive property, with the sole right of use and application.

"3. Such an act of incorporation would be simply an instrumentality whereby certain men would become enriched at the expense of the health and lives of their unfortunate victims, and would be derogatory to the dignity of the medical profession, detrimental to the interest of the community at large, and afford opportunity to charlatans and unprincipled persons to covertly conceal their blunders under the protecting ægis of an act of incorporation.

"4. Another provision of said bill authorizes the establishment of a 'school of surgery for teaching the science and practice of surgery in all its branches.' This, in other words, establishes a medical college for the instruction alone in one branch of medicine, with the full power to send forth its alumni as competent to practice that one branch, without a full, complete, and necessary medical education, thus omitting entirely the usual safeguards and restrictions which have been found necessary to prevent unprincipled men from establishing 'bogus colleges,' and selling diplomas to unqualified persons.

"5. In conclusion, may we not respectfully inquire if this may not be an effort to commit the Congress

of the United States to the exercise of a doubtful power in establishing an institution which purports to be local in its character, but which may eventually endeavor to extend the operation of its special privileges over the entire country by virtue of authority derived from the General Government?

"NATHAN S. LINCOLN, M. D.,

"President Medical Society, D. C.

"C. H. A. KLEINSCHMIDT, *Secretary.*

"A. Y. P. GARNETT, M. D.,

"J. FORD THOMPSON, M. D.,

"ROBERT REYBURN, M. D.,

"W. H. TRIPLETT, M. D.,

"S. C. BUSEY, M. D.,

"Committee."

Original.

EUSTACHIAN CATHETERIZATION.

BY M. F. COOMES, M. D.,

Assistant to the Chair of Ophthalmology and Otology in the Hospital College of Medicine.

It is remarkable to see with what reluctance members of the medical profession take hold and make use of certain discoveries which have been put at their disposal. About three hundred and fifty years ago Eustachius discovered and demonstrated the tube that leads from the pharynx to the middle ear, which still bears his name. In 1724, nearly two hundred years after the discovery of Eustachius, M. Guizot, the French postmaster at Versailles, introduced a catheter into his own Eustachian tube, and medicated the middle ear. This did not awaken the profession to the importance of this valuable discovery. In 1743 Archibald Cleland, a surgeon in the English army, took up the subject, and demonstrated the practical uses of the Eustachian catheter. He also used probes of the same size as the catheter for exploring the tube.

The tardiness with which this branch of medical science has advanced up to this time is seemingly incredible; and what is still more astonishing in this enlightened age is to know that many of the profession have a mortal fear of the consequences which they suppose are liable to result from the use of the Eustachian catheter, and yet his-

tory brings but two cases to light in which there is a possibility of death ever having been produced by the use of the instrument.

The post mortem in these cases failed to give any positive evidence that death was caused by the use of the catheter;* and yet this is one of the great "bugbears" which has been and is still calculated to keep aural surgery in the background. Are there any reasons why members of the profession should object to a simple, harmless operation, such as the introduction of the Eustachian catheter? If so, when they put forth their objections let the whys and wherefores accompany them.

These objections or insinuations against the use of this instrument are not to be found in any standard work upon aural surgery without an accompanying reason; but, on the contrary, they are set forth in colloquial discussion, in which nothing definite is determined; hence the reason why so many of the profession are in doubt about the propriety of using the instrument.

Any one who is familiar with the anatomy of the parts that are concerned in Eustachian catheterization will at once see that any serious injury must be due to a lack of the proper skill in manipulating the instrument. Compare the results of Eustachian and urethral catheterization, and what will they be? The former operation will prove perfectly harmless, while the latter is certainly the cause of death in some instances, although the instrument be manipulated by the most experienced and skillful man of the age; and again, the use of the latter is insisted upon by every doctor that makes any pretensions whatever to the science of surgery. The greatest tyro in medicine does not hesitate to undertake the introduction of a urethral catheter. The reason why he does not is simple. His teachers have taught him its uses, its dangers, etc. He is certain that his patient in many cases must die in a short time if not relieved. His reputation in all probability is at stake; or, in other

* Turnbull used an air-pump, which he allowed his patients to operate, if they desired, instead of the air-bag that is used for inflating the middle ear at this day.

words, necessity compels him to make an effort.

How many medical students are there that graduate in America that never hear a lecture upon the uses of the Eustachian catheter? A little inquiry will tell the story. I am fully confident that there are hundreds of doctors in our midst that have not even seen a Eustachian catheter, and would in all probability fail to recognize the instrument if shown to them. They are not to blame, nor were their teachers, especially those who taught in former years; but at this advanced age I think that every practicing physician should at least understand the uses of the instrument sufficiently well to enable him to know when it is demanded, that he may advise his patient accordingly, and save him from the evil consequences that so many suffer.

Every doctor recognizes the great value of the urethral catheter; it is the instrument with which many of our most distinguished surgeons have made their reputation. Had they given their attention to the uses of the Eustachian catheter, in all probability their names would have been as high upon the scroll of medical literature as they are under the present circumstances.

The difficulties in manipulating the Eustachian catheter are not numerous. A thorough knowledge of the anatomy of the structures with which you have to deal is the most important thing. Possessing this, and bearing the fact in mind that no undue force is to be used, success will attend almost every effort. Its introduction as compared with the introduction of the urethral catheter is one of the easiest and most simple operations in surgery, while the introduction of the urethral catheter is considered among the difficult ones. As a means of relieving pain, I am satisfied that if every doctor understood the uses of the Eustachian as well as the urethral catheter, the results obtained from the former would equal those of the latter in every respect. Almost every case of otalgia may be relieved by the use of the Eustachian catheter and air-bag.

As a means of diagnosis the Eustachian catheter is of incalculable value. In this respect its uses are equally as important as the urethral or sound. In fact, it plays the same part in the treatment of many aural affections that the urethral catheter and sound do in the treatment of many vesicular affections. With it we can determine whether or not the Eustachian tube is permeable; we can tell whether or not the tympanic cavity contains a fluid; by its aid we are enabled with great certainty to say whether or not the drum membrane is in normal condition. Without it the introduction of medicated liquors and vapors into the tympanum would be next to an impossibility; but with it and the air-bag and other suitable appliances we are enabled to cleanse the tympanic cavity quite sufficiently for all purposes, and introduce solutions in the form of a spray which entering the drum cavity in any other shape would be exceedingly painful and injurious, if not dangerous.

I may say that this is the only way in which the middle ear of the adult may be thoroughly cleansed; and furthermore, it is the only means by which we can introduce a definite quantity of medicine into the drum cavity with any certainty. In the treatment of all affections of the tympanum in the adult characterized by a purulent or other discharge the Eustachian catheter is an indispensable instrument, if it is desirable to effect a cure.

The introduction of simple or medicated vapors into the tympanum would be impossible were it not for this instrument; and likewise the introduction of bougies into the Eustachian tube would be almost impossible and highly impracticable were it not for the catheter.

The propriety of sounding the Eustachian tube is questionable, because at best the caliber of the canal is exceedingly small, and relief obtained by the use of bougies, as a rule, would be only temporary; and should the walls of the canal become lacerated or damaged sufficiently to leave a cicatrix, there would be an irreparable injury done. Not

only may the walls of the Eustachian tube be injured, but it is possible that a bougie may be passed into the tympanic cavity and set up an inflammation, which in all probability will terminate in suppuration, injury of the ossicula auditus, and other evil consequences that are liable to result from such a procedure. The advocates of this practice may set forth the plea that they have "landmarks" by which they are safely guided. Theoretically these "landmarks" may hold good, but practically they can not be trusted. It is an established fact that no two individuals are formed exactly alike, nor is any particular organ of two individuals formed just alike in every respect; hence the absurdity of saying that we can determine the distance from the beak of a Eustachian catheter to the tympanic orifice of the tube after it is introduced. The distance may be approximated, but not accurately estimated.

LOUISVILLE.

CHLORAL HYDRATE AND POTASSIUM BROMIDE IN DELIRIUM TREMENS.

BY W. T. CHANDLER, M. D.

Starting out with the assumption that active delirium is the result of cerebral or meningeal hyperæmia, the pathological connection between brain congestion and delirium tremens is apparent at a glance. But it is not my purpose to discuss the pathogenesis or the morbid anatomy of *mania à potu* further than is subservient to the principle of therapeutics I wish to inculcate. However the malady may originate, whether from excessive and continual libations or the sudden respite of a debauch, if the brain is in a state of hyperæmia, as is proven by the reported autopsies of fatal cases, then opium in any form must, from its known physiological action, prove detrimental to the patient, unless we adopt the axiom of Hahneman and his school, "*similia similibus curantur*"—by increasing the brain pressure calm the delirium in a stupor. But the rational indications are to deplete the brain without a sacrifice of the vital fluid. This

can not be accomplished by venesection. There are no remedies more suited upon theoretical grounds, and I trust to demonstrate upon clinical, than chloral and the bromides to meet the indications as delineated. The action of these agencies in blanching the brain is an established fact, deduced from carefully conducted physiological research by experts in vivisection.

It has been my sad pleasure to treat over fifty cases of delirium tremens in the last three years—the majority during hospital practice—without a single fatal issue. In these cases I have freely exhibited chloral and the bromides, and from their action I am satisfied of their specificness in the malady under disquisition. Now I make no claims to originality or priority in this matter, for I am perfectly aware that many physicians treat their cases with this combination; but I must say that I have seen but few who use it in sufficient quantity. The following is the recipe I use:

R. Chloral hydrate, .	℥viij;
Potass. bromid., .	℥ss;
Aquæ menth. pep.,	} aa fl.℥ij.
Syrup tolutan, .	

M. S. Tablespoonful every two hours until followed by sleep.

Of this mixture it usually takes from five to eight doses to procure the desired result; but the resulting sleep must always be procured regardless of quantity, so that it be administered in the doses and with the intervals specified. On several occasions I have exhibited three hundred grains of chloral and four hundred and fifty of bromide of potassium before the desired result was produced. After the first good sleep the patients are usually much calmer and more disposed to take nourishment, a very essential point in treating delirium tremens. If practicable, the patient should be slipped at night. Under no circumstance will it be necessary to repeat the mixture until the succeeding night. This plan of treatment should be kept up each successive night until the patient is able to sleep without the aid of medicine. The average time required for treatment is

from two to three days, the quantity of bromide and chloral required diminishing with each consecutive night.

Now, chloral administered in poisonous doses to inferior animals produces death by cardiac paralysis. The heart is found after death distended with blood in complete diastole. While chloral blanches the brain, the experiments of Ludwig and Scheff, as detailed by Fothergill, show the action of chloral in this respect to be due to relaxation of the systemic arteries in general, which are naturally in a state of tension, thus increasing the capacity of the vascular system and depleting the brain by refluxion. *Per contra*, the experiments of Prof. Brown-Séquard and others demonstrate the fact that the bromides produce a contraction of the entire capillary system, thus depleting the brain and spinal cord by a direct contraction of the meningeal vessels, themselves forcing the blood into the larger vessels. Hence the action of chloral and the bromides is to a certain extent antagonistic, while they both tend directly to the production of the same result—*id est*, depletion of the brain. The combination of bromide of potassium, ammonium, lythium, or sodium with chloral is further indicated to prevent the depressing effects of chloral on the central organ of circulation. The efficacy of this combination has been demonstrated by clinical experience.

But it is not alone in delirium tremens, but in neuralgia, insomnia, acute mania, etc., the combination seems more efficacious than either alone, and I am satisfied that the addition of the bromides diminishes the danger from large doses of chloral when administered under any circumstance. In this form I have administered them hundreds of times, and have never yet seen any of the unpleasant effects of chloral so graphically described by some writers, and underscribed with holy caution.

When the delirium of *mania à potu* is of a passive character, or the cardiac impulse irregular and enfeebled, I am in the habit of supporting the heart with digitalis, while

I administer the chloral and bromides for their specific action; but I never allow an enfeebled pulse alone to deter me from the line of treatment as indicated above.

Whenever the patients refuse obstinately to take the medicine per orem, I have it administered per enemata with the same good results, the same rules being observed as when administered by the stomach. The addition of a few drops of the tinct. opium may be required to insure its retention by the bowel.

In all cases of delirium tremens alcoholic stimulants should be interdicted. In all of the cases treated by myself alcohol has been prohibited, and I have yet to see any evil results accrue from such prohibition. The too liberal sanction of medical men for the use of ardent spirits is a deplorable fact much to be regretted.

During the day, in the intervals between the exhibition of the chloral and bromide, the nervous tremors demand medication. To meet this indication I am in the habit of prescribing the following:

R. Zinci oxidi, . . ʒj;
Pulv. capsici, . . ʒss.

M. ft. pil. No. 10. S. One pill every three hours. I have thought I received marked benefit from its use. Patients have oftentimes expressed to me their satisfaction of its "inestimable good." But the main points I wish to inculcate in this place are the advantages of combining one of the bromides with hydrate of chloral, and the administration of the combination in quantities adequate to procure sleep, irrespective of the requisite amount.

CAMPBELLVILLE, KY.

EXCISION OF A FIBROUS POLYPUS OF THE UTERUS.

BY E. E. MILAM, M. D.

On the night of the 16th of March I was called to see Mary Terry (col.), aged about forty-five years. Was told by the messenger on the way out that he thought she had "falling of the womb," and was so informed

by the patient when I arrived at the bedside. She stated that she had been the subject of "womb-disease" for about four years, but thought her whole trouble consisted in an inclination of the womb to "fall," as she represented it.

On examination I found what I at first took to be the uterus lying out between the patient's legs, constituting a case of complete prolapsus uteri. This diagnosis, however, I soon saw was incorrect; for the supposed uterus was considerably larger than that organ is normally, or than it could be from swelling due to the amount of constriction there was in this case. The prolapse had taken place only an hour or two before my arrival. Besides, there was no os to be found, and by conjoined manipulation the uterus was felt in place, only that it was a little lower than usual from having been pulled down by the weight of the tumor. The tumor, which was hard and smooth, was attached within the cervix uteri by means of a pedicle about three fourths of an inch in diameter. The expansion of the tumor from its pedicle was very abrupt, the base being much the largest part of it. The case was evidently one either of fibroid tumor or of polypus. I diagnosed fibroid polypus. After a good deal of effort I succeeded in replacing the tumor just as if it had been a case of uterine procidentia. It was impossible to get it higher up in the vagina than half an inch or so above the vaginal orifice; and in order to prevent it from immediately protruding for a part of its length from the vagina again, it was necessary to apply a bandage over the vulva. But this was only a means of temporary relief. She had been almost helpless for four years, and unless something more than this were done she would of course continue to be so. She could not wear the bandage or a supporter all the time without a great deal of inconvenience; and besides, the existence of so large a foreign body in the vagina was keeping the mucous membrane of that canal constantly inflamed, was continually irritating the bladder and rectum, and so was

beginning to affect very seriously her general health.

It was necessary that some means of effecting a radical cure, if possible, should be resorted to. The only thing that could do this was an operation, and so I decided to operate for its removal. For the time being I gave an anodyne composed of morphia sulphate and bromide of potassium, and promised to be back the next day.

The next morning I returned, accompanied by Dr. S. C. Edmunds, of this place, whom I called in consultation with me. The diagnosis of Dr. E. was the same as mine, and he agreed with me as to the necessity of an operation.

We were not prepared to operate that day, so continued the administration of the morphine and bromide, and on the 25th of the same month the operation of excision of the polypus was performed by us. We ligated the pedicle above the point of amputation, and so there was very little hemorrhage attending the operation. The tumor was totally devoid of sensitiveness, so that the cutting of it away did not give the least pain.

The polypus was found after its removal to weigh just two and a half pounds. This, we think, next to the complete recovery of the patient, constitutes the chief point of interest in the case, as polypi as large as this, we believe, are very seldom seen. The patient went on uninterruptedly well, and at the present writing she is engaged in her ordinary household duties, having entirely recovered, except that she is the subject of a slight leucorrhœa.

PARIS, TENN.

Correspondence.

In the remarks of Dr. Cowling before the State Medical Society upon "Transfusion" justice was scarcely done to the case operated on by Dr. Raphael and myself. While death did occur within twenty-four hours

after the operation, the patient, who had been in cholera collapse, was sufficiently revived to have made a will, should that have been desirable—a result certainly to be taken into account in measuring the value of the operation.

R. C. HEWETT.

LOUISVILLE.

TRANSYLVANIA MEDICAL ASSOCIATION.

The Transylvania Medical Association will meet at Eminence, Henry County, Ky., on Tuesday, May 16, 1876, at 10 o'clock A. M. Session to continue but one day. Subject for discussion, "*Epidemic Dysentery*." The profession is cordially invited to attend.

R. F. LOGAN, Sec'y.

Selections.

APPEARANCE OF PARALYSIS ON THE SIDE OF A LESION OF THE BRAIN.—Dr. Brown-Séquard, in a lecture on this subject (Lancet, Jan. 29, 1876), gives the following as his conclusions from the facts and reasonings adduced by him: 1. It is wrong to conclude from the apparition of paralysis, when there is disease in the brain, that the loss of movements depends on the loss of function of conductors or centers employed by the will in the production of movements; 2. That if there is any decussation of voluntary motor conductors any where in the base of the brain, it is not owing to the absence of such a decussation that direct paralysis sometimes appears; 3. That it is owing to an irritation that one half of the brain is capable when diseased of producing paralysis either in the corresponding half of the body or in the opposite one.

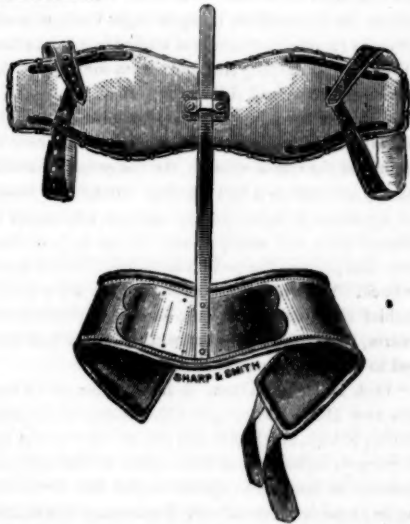
THE TREATMENT OF FRACTURED CLAVICLE.—Dr. Franklin Staples, of Winona, Minn., contributes to the New York Medical Record an important paper upon a method of treatment of fractured clavicle, so as to prevent deformity, from which we make the following extract:

"There are few cases of fractured clavicle with an overriding or angular deformity of the bone, in which the deformity will not disappear and the fragments fall into place, if the surgeon, standing behind the patient, with the latter in an erect, sitting, or standing position, will place his thumbs on the scapulæ of both sides and extend his fingers over the acromion processes; and thus, grasping the shoulder and pressing upon the scapula, draw the shoulders backward so as to cause the posterior borders of the scapulæ to

approximate each other. And more especially will the displacement be found to disappear, if, while the shoulders are held in this fixed position, the arm of the injured side be brought directly against the side, and the shoulder relieved of its weight by a support placed under the elbow and forearm. Now it is evident, and practical observation will demonstrate the fact, that if the scapula can be held thus fixed, the shoulders be kept thus immovable in their relation to the thorax, and the arm be kept thus supported, permanent extension will be maintained on the fractured bone, and in the recovery the least possible displacement and deformity will result.

"The gliding of the scapulae and shoulder, with its outer fragment of the clavicle, to some extent around the thorax, as around a cylinder, is the principal means of correcting the backward and downward tilting of the internal or fractured end of the outer fragment; while putting the whole bone upon a stretch, or at least relieving it of the exercise of its function as the brace of the shoulder, by supplying a permanent attachment for the shoulder behind, obviates the great tendency to displacement and deformity.

"To serve the purposes above described the apparatus represented in the accompanying cuts has been devised.



"Five years ago a splint in some respects similar to this was presented by me to the Minnesota State Medical Society, and a description of the same published in the Northwestern Medical and Surgical Journal, and favorable mention of the same was made in the 'Report on Surgery' by Dr. Marks, of Milwaukee, to the Wisconsin State Medical Society. The apparatus as now presented has been modified and improved, and is manufactured by Messrs. Sharp

& Smith, of Chicago. It has, of course, no patent, and can be improvised by any surgeon having the requisite ingenuity. It consists of a curved and padded splint placed across the back on a line with the shoulder-joints. This not only presses firmly upon the



scapulæ, but is so curved as to fit upon the latter in such a manner as to hold them more firmly in a fixed position, both shoulders being brought back as much as may be required by means of stuffed bands attached to the splint at varying distances from the ends of the latter as the form and size of the patient may require. The splint is held in place by an adjustable upright slide of steel, slightly flexible and somewhat bent to the form of the spinal column, the lower end of which is firmly secured to a belt passing around the waist. The apparatus is light, quickly applied, adjustable to different sizes, and easily worn. It has no protuberances that prevent the patient from lying in bed upon the back. To complete the appliance the usual handkerchief sling enveloping the elbow, supporting the forearm, passing over the opposite shoulder and fastened to the band there, is required.

"Prof. F. H. Hamilton, in his treatise on 'Fractures and Dislocations,' gives the names of Heister, Chelius, Miller, Keckerly, and others who 'prefer for this purpose some form of back splint extending from acromion to acromion, against which the shoulders may be properly secured.' Dr. Parker says that splints of this kind, with a figure-of-eight bandage, are better than all other kinds of apparatus ever invented. The same principle is illustrated by the practice of compelling the patient to lie upon the back, with or without a pad between the shoulders, during the whole time required for the reunion of the bone. In this position the pressure from the weight of the chest firmly holds the scapula in position, while the shoulders from their own weight fall back into the same

position as if bound to a splint. Although this can not well be done in private practice, yet it was the treatment adopted by Dr. Buck, in the New York Hospital, and has the commendation of Drs. Post and Hamilton.

"The splint of Keckerly, represented in the work of Hamilton, was faulty, and not likely to succeed in meeting the indications in any case, in that it was too narrow, without form to fit the back and shoulders, and not provided with suitable means to hold it firmly in position. The failure of this apparatus and others of similar construction to secure even the success of the apparatus of Fox was not from error in principle, but rather from want of the proper application of the principle in the faulty and imperfect construction of the appliance.

"The axillary pad is now generally ruled out of good surgical practice because of its uselessness and its liability to injure the nerves and vessels of the arm. Fox's apparatus has good points, but does not secure fixation of the scapulæ and shoulders; hence with its use deformity usually results.

"The old trio of indications, '*backward, upward, and outward*,' or rather the arbitrary attempts to meet them, have been productive of much mischief, and the usual want of success in securing good results in the treatment of this fracture has led to general dissatisfaction with all modes of treatment; and it has become quite fashionable among surgeons to adopt a kind of let-alone treatment, on the ground that more or less deformity is inevitable with any treatment; moreover, it has been said that it is a matter of little consequence whether deformity results from a fractured clavicle or not. But I contend that while it is far better to have a good result in all cases—for a perfect apposition at least favors a more rapid recovery—in some cases it is of the utmost importance to have as good a result as possible, this especially in the case of female patients. It is then important in this, as in all departments of medicine and surgery, to have within our knowledge and at our disposal at all times the best possible means of treatment."

LETTER FROM BERLIN.—The Boston Medical and Surgical Journal of April 20th contains the following interesting letter from its correspondent in Berlin:

"It is noticeable how much more one is questioned in regard to the medical instruction of Boston than to that of New York or Philadelphia by men connected with the University of Berlin. The inquiry is accompanied by an expression of congratulation upon the new departure in the Medical Department of Harvard, and at the same time suggests a doubt as to its ultimate success in the practical American medical profession. Germans, of all foreigners, have such strange notions of Americans, as well in pursuits in the medical sciences as in matters of commercial life.

As to the latter, we are swindlers, and are absolutely unable to 'turn an honest penny;' in our systems of medical education we teach what we steal from Europe—principally from Germany, of course—after adroitly weeding out every thing that is purely theoretical or debatable, or that involves logical study, as, for instance, histology and those branches of physics so closely allied to medicine. As to commercial affairs, it is the almighty dollar; get it who can, with its value below par, and spend it at one hundred and ten per cent. In medical education, we must have a diploma as doctor after a few months' hearing of facts from the lecture-desk, without any preliminary or post-graduate study, and at the highest price. Within a fortnight, in the *Vossische Zeitung*, the largest secular journal of Berlin—whose office is to reach the greatest reading public without representing any extreme of liberalism, radicalism, or royalism, either in church or state—there has appeared an article decrying some popular statements made in regard to the superficial examinations and the easy obtaining of diplomas from the medical departments of Erlangen and Leipzig, and which arrayed these schools in comparison with our own. Another article in the same journal, of later date, from the pen of a well-known Berlin physician, calls upon the government to take the field against dabbling in medicine by quacks, *medicinal pfuscherei*, which exists to a large extent in the states of Bavaria, Saxony, and Prussia, before it reaches its most dangerous feature—namely, the so-called American doctor. No school at home is asked to wear the shoe unless it fits. The Germans, I say, have such strange notions of us as medical instructors; for with their conceptions of our falsity in education, we are to them the most adroit surgeons, contribute the most by invention, and erect the best hospitals of any people. I do not think they respect our scholarship, but they admire the talents of our genius and the genius of our talent. The basis of any new American theory in medicine is questionable to the philosophic German mind; while a new operation, the surgical treatment of a disease, or the invention of a new surgical instrument commands their ready attention. It is not necessary to more than call attention to the fallacy of such exaggeration. On the other hand, it is agreeable to hear such a man as Donders, of Utrecht, in Holland, saying that one must be energetic to keep up with the advances made in scientific researches in medicine—especially in ophthalmic surgery—on the American side of the water; or Langenbeck, the ripest surgeon of Europe, testifying to the advantages of this or that operation simplified by American skill; or to see Helmholtz, with his natural modesty, quietly admiring Loring's latest ophthalmoscope, and its neat setting by Hunter, of New York.

"There is here a manifest interest taken in the future of the graded or the university system of medical

education in America. Comparisons made between the system here and at home will apply to any German university equally well. In all is there the same general plan of government under the dean or dekan. The professors are bought and sold at the highest prices between the universities. Instruction is by lectures, public and private, not by recitations, a method which succeeds so admirably with us. No students are quizzed publicly, except those who register their names as quiz-candidates, and who pay extra for the privilege. Quizzing takes place only in clinics, and each student, as his name is called, enters the lecture space, is personally addressed by the professor, and obtains a full view of the patient. His temporary relations with the professor are those of an attending to a consulting physician. The whole body of students never come together, as the system for the undergraduate is prescribed and that for the post-graduate is elective. Popular men—and I mean by this men whose names are well known, though they may be poor lecturers—command naturally the largest audiences, as Virchow, Du Bois-Raymond, and Langenbeck. In giving didactic instruction the teachers, as a rule, sit and talk to the students. There is no attempt at rhetorical display, while there is a positive lack of illustration. The blackboard is used in every lecture-room, but with the usual defects, in contrast with charts, which obtain at the hands of every one not an artist. In the departments of histology, ophthalmology, and otology, are these defects most noticeable. Not in Berlin alone, but, as I learn, in all the German universities is the method the same; Americans testify to a like simplicity in English and Scotch universities. As a partial substitute, small and usually very finely executed hand-plates are passed through a class, a method which presents the obvious inconvenience of a majority of the students studying the plate long after its description by the instructor.

"The students are orderly, respectful, and patient. Accustomed at the beginning of the semester to a delay of three weeks, they submit without a murmur to the convenience of the faculty. It is to me a matter of profound surprise how the Germans, who justly deserve the reputation of successful achievements in medicine, find time to do any thing. They begin their day as they begin their semester, late. They are always fifteen to twenty minutes behind their hour, and the semester closes three weeks short of the announced time. Indeed, this winter semester, which should continue in full operation from October 16, 1875, to April 1, 1876, will have lost eight or nine weeks by delay at the opening, the long holidays, and the antedating of the finish. American students naturally feel disappointed, and among themselves deplore the dilatoriness so apparent in the executive department of the university. German students are so accustomed, by their own personal habits and their

expectations of the professors, to the existing arrangement that they rarely appear on the ground in full force until the middle of November, and they retire early in March. They good-naturedly laugh at our faith in the statements of the university prospectus, and at our claims to get our money's worth. I may illustrate the condition of things by alluding to Virchow, the busiest man in Berlin in popular estimation, but among the most delinquent in the estimation of his *confrères*. He is announced to hold a demonstrative course of pathological anatomy and microscopy, in connection with instruction in pathological sections, Mondays, Wednesdays, and Saturdays, from 8 to 10 A. M.; also a practical course of pathological histology Tuesdays, Thursdays, and Fridays, from 8 to 10 A. M. He began November 8th, and, as the days were dark at 8 o'clock in the morning, actually opened at 8:45 or 9. Through November he personally met his large class daily from 9 or 10, as it happened, for one and a half or two or two and a half hours. When you once get Virchow before a class he stays until he finishes. The *Pathologisches Institut* is a building devoted to his work alone; it is set off in the *Charité* grounds by itself, and is a splendid tribute to Virchow's work in this department. But there are obstacles to the study of pathological anatomy and histology, even under such a master as Virchow. One can do nothing else that morning; what with waiting for his appearance, and listening to him two hours, the morning is entirely gone.

"In December the days seemed to begin later and number less. Virchow met his class three and two times a week; since January twice a week has been his average. Fortunately, however, he has capable and willing assistants, who reflect him, the oldest of whom have been in his service for years. No one complains of getting too little of Virchow; it is the irregularity, the want of system, in his department that is so palpable. I may safely say it would hardly be allowed in America, through the pressure of the board of government of our universities; while in Paris the student would cry out against it. Such are some of the disadvantages of studying in Berlin. They will be easily overcome even by ambitious, diligent Americans—and I rejoice to know that those here this winter command that compliment—when one makes up his mind to stay one or two semesters here, working under the conviction that these men must have time to develop themselves. They are not to be hurried, and will interest themselves in a student so soon as they find him specially interested in their department. Vienna receives the largest number of Americans, on account of its short-course system, none of the courses exceeding six weeks. There one can push through a batch of special courses in any one or more departments simultaneously, by devoting as many hours daily as he will, and then return, spend-

ing the time devoted to an ordinary pleasure-trip to Europe. The arrangement has its merits and its demerits—merits, as to the saving of time and money; demerits, as to inordinate haste and the loss of the best work of the day, namely, private study.

"In brief, it is the concurrent testimony that the University of Berlin furnishes through Prof. Virchow the most exhaustive and accurate pathological study in the world. Aside from the two courses mentioned he gives instruction in the pathological laboratory to students making special investigations in distinct departments of microscopy, each student having a separate desk, with a microscope, dissecting instruments, chemicals, water, and gas. In surgery Baron von Langenbeck's daily clinique has an enviable reputation, both in the amount and character of material and in the manner of its handling. Langenbeck is sixty-five years old, and came from Kiel to Berlin in 1850. He came to take the chair which he continues to hold. His clinique in the old theater in Ziegelstrasse is the most popular surgical clinique of the university. Bardeleben is a better, because a more painstaking instructor, whom the students accompany into the wards. Langenbeck's eminent points as a surgeon are his accurate diagnosis, his boldness as an operator, and his brilliant results. There is nothing brilliant about his operating; his movements are slow and he says very little, but he operates with a reliance on long-established surgical principles, and with the confident determination of success characteristic of a master. Three times a week he has an hour in akiurgery in contradistinction to chiriurgery.

"In experimental acoustics and optics Helmholtz has no equal. It is well known that he brought the ophthalmoscope before the scientific world in 1851, and that to him *par excellence* is due the present knowledge of the anatomy of the internal ear. He does not belong strictly to the medical department, and, in fact, is catalogued in the department of natural sciences. To his efforts a few years ago must, however, be attributed the clew to the more recent developments in the scientific investigations of ophthalmology and otology. Helmholtz was in Heidelberg at the time of his work in these directions.

"In many of the private offices of the professors and private docents of this university hang four faces: Virchow, Langenbeck, Helmholtz, and Graefe. The last no longer lives, but his chair and, I may add, his spirit fell to Schweigger, who for many years was his assistant. Though Graefe devised many operations which outlive him, Schweigger performs them better. He is forty-two years of age, but already takes prominent rank among ophthalmic investigators. Mauthner, of Innsbruck, alludes to his concise hand-book on the use of the ophthalmoscope as a complete guide for the student in ophthalmoscopy,

paying an equal tribute to him and to the renowned Zauder. In addition, Schweigger has a text-book on *augenheilkunde*, which indicates his quick intuition and logical criticism.

"Such are some of the features of the medical department of this university. In a future letter I will give you a sketch of the course of study, with some comments as to its manner of working. Perhaps, while you are enthusiasts in Boston on the subject of medical education, and as you have lately noticed Billroth's last-summer's book on the subject, it may be a timely article.

"The public journals make the following announcement: The fifth congress of the German Surgical Society will meet in Berlin from April 19th to the 22d, a postponement from April 5th. A number of articles on the Lister antiseptic system is to be presented, which system Langenbeck thoroughly adopts in theory and practice."

Miscellany.

—The returns now in from the various medical schools show the following number of doctors made this year: Bellevue Medical Hospital, New York, 159; Jefferson Medical College, 146; University of the City of New York, 133; University of Pennsylvania, 124; University of Louisville, 112; College of Physicians and Surgeons of New York, 93; Louisville Medical College, 86; Medical College of Ohio, 90; Rush Medical College, Chicago, 79; University of Nashville, 64; Missouri Medical College, 67; St. Louis Medical College, 47; McGill University, Montreal, 34; Washington University, Baltimore, 32; Atlanta Medical College, 30; Medical College of State of South Carolina, 29; Cincinnati College of Medicine and Surgery, 27; Trinity College Medical School, Toronto, 18; Medical College of Virginia, 17; University of California, 13; University of Georgetown, 13; Women's Medical College, Philadelphia, 12; Columbian University (National Medical College), 12; Medical College of the Pacific (November, 1875), 11; Women's Hospital Medical College, Chicago, 10; Evansville (Ind.) Medical College, 8; Howard University, Washington, 7; College of Physicians and Surgeons, Kingston,

Ontario, 6; Women's Medical College, New York, 4; total, 1,483. If we add to this a similar number of persons who felt called to practice medicine this year without diplomas, we shall have about three thousand medical recruits for 1876; a fearful division to go into fame and fortune.

BIS DAT QUI CITO DAT.—The authorities in charge of the Kentucky-Louisville Phenomenon must have seen by this time that the condemnation of the profession is upon their course. Their beneficiary-scholarship system, their two graduating courses in one year, their nine-months' doctors (?), their double diplomas, etc., are a retrogression into barbarism which the country will not stand. We sincerely hope our friends will abandon their *mistake*, and put themselves right on the record. One half the energy and ingenuity they have displayed in creating this singular institution would bring far better returns if directed along straighter paths. We must continue to give the Phenomenon an advertisement *gratis*. Here are the "two separate and distinct institutions" claimed by the Weekly. Can they live before the American Medical Association?

LOUISVILLE MED. COLLEGE.	KY. SCHOOL OF MEDICINE.
<i>Terms begin Oct. 1st and end last of Feb'y.</i>	<i>Terms begin March 1st and end in June.</i>
H. M. Bullitt,	H. M. Bullitt,
J. A. Ochterlony,	J. A. Ochterlony,
John Goodman,	John Goodman,
J. A. Ireland,	J. A. Ireland,
J. M. Keller,	J. M. Keller,
J. W. Maxwell,	
C. W. Kelly,	C. W. Kelly,
A. B. Cook,	A. B. Cook,
C. W. Wright,	C. W. Wright,
G. T. Cook,	G. T. Cook,
E. S. Gaillard, <i>Dean.</i>	E. S. Gaillard, <i>Dean.</i>
<i>Same building, same wax model, same mannikin, etc.</i>	

—The Philadelphia Medical and Surgical Reporter has entered into its second thousand. The editorial of its millennial number contains many interesting facts from its history. It was commenced as the "organ" of the New Jersey Medical Society, and was originally published as a quarterly. It soon, however, changed its locality to Philadelphia, and was afterward edited as a weekly independent of all societies, cliques, or

schools. Its original editor, Dr. S. W. Butler, on account of declining health, a few years since associated with him Dr. D. G. Brinton, who since Dr. Butler's death has had entire charge of the journal. The Reporter was one of the few medical periodicals of the country whose publication was not suspended during the war. It is, we believe, the second oldest journal of its class in the Union. Its conduct has been marked with great energy. Its circulation has been so widespread that there are few professional readers, we imagine, who are not familiar with it. We wish it a safe and prosperous journey through its second millennium.

THE DEATH OF TRAUBE.—In a recent number of the *Berliner Klinische Wochenschrift* we find a short but touching *éloge* of Traube from the pen of Virchow. In it he gives a brief sketch of the early life of that distinguished physician, and places him in a position almost parallel with that of Laennec and Skoda. Some of the earliest of Traube's work was undertaken in conjunction with Virchow, Rühle and Reinhardt; and he early turned his attention to the subject of auscultation. His great difficulty, however, seems to have been to obtain that amount of clinical experience which is absolutely necessary to make a man a great physician; and it was not for many years that he was able to attain his object. When, however, his time came he was fully prepared for his post, and what justice he did to it is known to us all. His latest contributions to practical medicine are contained in the recent *Charité-Annalen*, and some of these we shall shortly be prepared to lay before our readers. His name will ever be remembered in connexion with digitalis and its action, the functions of the vagus, and the mechanism of respiration generally. Moreover, as Virchow says in conclusion, "he was a stern self-critic and a strenuous worker—he whose long day's work is now closed for ever. Honored be his name." Traube had for some time past suffered from heart disease, and this latterly had consider-

ably interfered with his labors, but such a sudden termination of them was hardly expected.—*Times and Gazette*.

DEATH AS OCCASIONED BY MUSICAL EXCITEMENT.—A stout married country woman, some twenty-eight years old, went to a festival, where for the first time in her life, says the *Repertorio del Piemonte*, she heard a powerful orchestra. The festival lasted three days, and she danced with much satisfaction during its whole continuance. When all was over she returned home, but the music, at least subjectively, returned with her. Do what she would, day and night and always, the music sounded in her ears. Nightly sweating and diarrhea ensued. Medical interference proved fruitless, and at the end of six weeks, during all which time the imaginary orchestra never ceased for one minute, quite exhausted, the poor creature at length expired.—*Druggists' Circular*.

A HEAVY DOSE OF MERCURY.—"A few days ago," says a California paper, "Mrs. Anna Babb's little boy drank a pound of quicksilver. The child is less than three years old, and even in California is considered rather young to indulge in so strong a beverage. He found the mercury-bottle in some rubbish in an old trunk while playing, and drank the whole, leaving but a few drops. The physician was sent for, who administered some light remedy. The child gave no other indication of having taken the mercury than drowsiness. The metal did not all leave the stomach for ten days, but he was about all the time, and is now as bright as ever."

EXCRETION OF UREA DURING EXERCISE.—The careful investigations of Dr. Parry into the amount of nitrogenous excreta eliminated by Mr. Weston during his pedestrian exercise have shown results that appear to correspond very closely with those formerly obtained by Dr. Flint. There seems to be no doubt that a decided increase in the amount of urea and other organic constituents takes place during these walking-feats. *New York Medical Journal*.